

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Number I Mank X) Name of Fing Committee, Candidate or Lobbyist Committee to Elect Lydia Laythe Street Address Gity Edirchoro State PA Zip Code 16412 Type of Report (Place x under report type) 1-6" Tuesday 2-2" Friday 3-30 Day Post 4-6" Tuesday 5-2" Friday Pre-Primary Pre-Primary Pre-Primary Pre-Primary Pre-Primary Pre-Primary Pre-Election Pre-Election Pre-Election Election Date of Election Through Pre-Primary Pre-Primary Pre-Primary Pre-Primary Pre-Primary Pre-Election Pre-E	Filer Identificatio		,	Des	ort Ellad P	24 C	inte		Committee	-		Lobbyist	
Name of Filing Committee, Candidate or Libbyts Street Address 13031 R199 State PA Zip Code 16412 Type of Report (Place x under report type) 1.6° Tuesday 2. 2° Friday 3. 30 Day Post 4-6° Tuesday 5. 2° Friday 6-30 Day Post 7- Annual Special 2° Friday Pre-Primary Pre-Primary Pre-Blection Pre-Election		TI I		-		oy Candi	iaig		Committee	•		LOUDYIST	
Lobbyist Sireet Address 13031 Rt 99 State PA Zip Code 16412		ommittee Ca	ndidate or						<u> </u>		الحبكا	L	_11
Street Address 13031 Rt 99 State PA Zip Code 16412	_	Januarie, Le	iidiuate VI	Com	mittee to E	Elect Lydia Lag	rthe						
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Summary of Receipts and Expenditures From Date To Date For Office Use Only		_				i	1	on		Pre-Electi	on	Post-Elect	ion
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Summary of Receipts and Expenditures From Date	Date Of Election			Year			Amer	dment		Terminati	ion		
A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule III) G. Unpaid Debts and Obligations (From Schedule IV) 3 Affidavit Segion Part 1- If this is a Committee report, treasurer sign here. If this is a Cambridge report, chaldidate sign here. 1 swear (or affirm) that this report, including the attached schedules on Refer, 150 and subscribed before me this My Commission expires	(MM/DD/YYYY)		11/05/2019			2019	Repo	rt		Report			1
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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ o
All Other Contributions (Part B)	\$ 110.00
Total for the reporting period (2)	\$ 110.00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 500.00
Total for the reporting period (3)	\$ 500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 610.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to Itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer identificatio	n Number				
	and the second				Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address	,		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	.\$. 20)
Full Name of Co Committee	ontributing		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	. \$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer ide	ntification Numb	er:							-		
					-						· · · · · · · · · · · · · · · · · · ·
Full Na	me of Contribu	tor	Josh Shald	lenbrand	-	***************************************			Date [MM/DD/YYYY]	\$	
House	4622	Stre	eet Address	ļ.					Date [MM/DD/YYYY]	\$	45.00
	4022		1	Henry Str	reer	i			08/03/2019		15.00
City		1		Stat	te		Zip Code	T	Date [MM/DD/YYYY]	\$	
	Pittsburgh				!	PA		15213	09/03/2019	1	15.00
Full Na	me of Contribu	tor			_			<u></u>	Date [MM/DD/YYYY]	\$	
			Josh Shald	enbrand							
House # Street Address Henry Street				ıt			Date [MM/DD/YYYY]	\$			
<u> </u>							Tan eads		Date (1994/DD (VVVV)	Ļ	
City	Pittsburgh			Stat	æ	PA	Zip Code	15213	Date [MM/DD/YYYY]	\$	
Full Na	me of Contribu	tor			_		<u> </u>		Date [MM/DD/YYYY]	\$	
			Diane Kolye	er					08/25/2019	1	50.00
House !	House # Street Address					Date [MM/DD/YYYY]	\$				
nouse,	7	Stre	et Address	Great Jones St.					nate limit not		
City		L	,	Stat		\	Zip Code	1,0040	Date [MM/DD/YYYY]	\$	
	New York					NY		10012			
Full Nai	me of Contribut	tor							Date [MM/DD/YYYY]	\$	
House #	#	Stre	eet Address						Date [MM/DD/YYYY]	\$	
City	Surfside			Stat	e		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	me of Contribut	tor			<u> </u>				Date [MM/DD/YYYY]	\$	
House #		Stre	eet Address						Date [MM/DD/YYYY]	\$	
City	City State Zip Code					Date [MM/DD/YYYY]	\$				
Full Name of Contributor						Date [MM/DD/YYYY]	\$				
	ne or commun.						4		Pare Figure 2	*	
House #	F	Stre	eet Address					-	Date [MM/DD/YYYY]	\$	
City				Stat	:е		Zip Code	T	Date [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

<u> </u>					
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
			÷		1 1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee	·		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co		· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$
House #	Street Address	,		Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of Contributing Co	ommittee	<u> </u>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Flier Identification Number:

<u> </u>												
Full Na	me of Contribi	utor	ļ				<u></u>		Date [MM/I	[YYYY\do	\$	
		-	Jill Braufn	nan						/2019		
House #	· [Stre	et Address						Date [MM/I	DD/YYYY]	\$	
	9111			Collins	s Ave				:			
City	Surfside				State	FL	Zip Code	33154	Date [MM/I	DD/YYYY]	\$	
Employ	er Name				·········	1			Occupation		_11	
	er Mailing Add		/						l			· · · · · · · · · · · · · · · · · · ·
	ne of Contribu		ĺ				···········		Date [MM/I	[VVVV]	\$	
									244 (1111)			
House #	F	Stre	et Address	•		•			Date [MM/0	D/YYYY]	\$	
									•	•		
City				!	State		Zip Code		Date [MM/E	D/YYYY]	\$	
Employe	er Name			1					Occupation	1		
	er Mailing Add		,							<u> </u>		
	er Maining Add											
Full Nan	ne of Contribu	tor		 					Date [MM/D	D/YYYY]	\$	<u> </u>
House #		Stree	et Address						Date [MM/D	D/YYYY]	\$, , , , , , , , , , , , , , , , , , ,
City				S	State		Zip Code		Date [MM/D	D/YYYY]	\$	
Employe	er Name			L			<u> </u>	<u> </u>	Occupation		_ll	
	er Mailing Add I Place of Busi		" · · · · · · · · · · · · · · · · · · ·						<u>., </u>	1		
	ne of Contribu			· <u></u>					Date [MM/D	D/YYYYI	\$	
								•	Jule [mings	<i>-</i> ,,,,,		
House #		Stree	t Address						Date [MM/D	D/YYYY]	\$	
City				S	tate		Zip Code		Date [MM/D	D/YYYY]	\$	
Employe	r Name							.1	Occupation		<u>.lL</u>	
	r Mailing Add			-						L	· 	 ,
Principal	Place of Busin	ness										

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Nur	nber:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
	Augsta			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			[FTDT-1]	
	A Comment			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
	1*# *****			
Receipt Description				·
Full Name				
House #	Street Address		•	
City		State	Zip Code	Date [MM/DD/YYYY] \$
			Coue	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			<u> </u>	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Loue	10.5

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
Amiddian i i i i i i i i i i i i i i i i i i 			
1. UNITEMIZED IN-KIND CONTRIBUTI	ONS RECEIVED-VALUE OF \$5	0.00	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVE	D-VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED	-VALUE OVER \$250.00 (FRO)	VI PAR	T G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS E PERIOD (Add and enter amount totals from I on Page 1, Report Cover Page, Item F)		\$	0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Nun	nber:				
Full Name of Contrib				Date [MM/DD/YYYY]	\$
run Name of Contrib	outor			Date [WWW/DD/1111]	
House #	Street Address		**************************************	Date [MM/DD/YYYY]	
House #	Street Address			pare finish political	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	-	State	Lip code	Date (initial Day) 1 1 1 1	
Description of Contri	bution	1	Linear in the control of the control		<u></u>
Full Name of Contrib	utor	<u></u>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	\$
		A second			
Description of Contri	bution				
Full Name of Contrib	utor	<u></u>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution		<u></u>		1.4.
Full Name of Contrib	utor	1		Date [MM/DD/YYYY]	\$
	(2014년) 경기: 중				
House #	Street Address		·	Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
					· · · · · ·
Description of Contri	bution				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				
House #	Street Address			Date [MM/DD/YYYY]	\$
					M.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identificatio	n Number:							
Full Name of Co	entributor			Date [MM/DD/YYYY] \$				
House #	Street Address			Date [MM/DD/YYYY] \$				
	Sireer Audress							
City		State	Zip Code	Date [MM/DD/YYYY] \$				
City			zip code	Date [MIM/DD/11111]				
Employer Name				Occupation				
해가다. 중에게 어떤								
Employer Maili Place of Busine	ng Address / Principal	8 20		Description of				
riace of busine				Contribution				
Full Name of Co	intributor			Date [MM/DD/YYYY] \$				
House #	Street Address			Date [MM/DD/YYYY] \$				
City		State	Zip Code	Date [MM/DD/YYYY] \$				
Employer Name		 	Occupation					
Employer Maili	ng Address / Principal			Description				
Place of Busine:				of				
				Contribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$				
House #	Street Address			Date [MM/DD/YYYY] \$				
City		State	Zip Code	Date [MM/DD/YYYY] \$				
Employer Name				Occupation				
Employer Mailir	ng Address / Principal		**************************************	Description				
Place of Busines	is			of				
rall'at				Contribution				
Full Name of Co				Date [MM/DD/YYYY] \$				
House #	Street Address			Date [MM/DD/YYYY] \$				
City		State	Zip Code	Date [MM/DD/YYYY] \$				
Employer Name				Occupation				
	ng Address / Principal		Description					
Place of Busines	\$		of Contribution					

Statement of Expenditures

	and the second s		
Filer Identification Number:	<u>,</u>		
		•	•
된 강이 하는 하는 경기를 하는 것 같아.			

To Whom Paid					<u> </u>	Date [MM/DD/YYYY]	\$			
	PayPal					10/03/2019]	30.07		
House # 2211	Street Address	North First	Street			Description of Expendi	ture			
City San Jos	9	State	CA	Zip Code	95131	To collect donations online	e			
To Whom Paid	US Postal Service					Date [MM/DD/YYYY] 08/19/2019	\$	7.70		
House # 300	Street Address	Waterford S	Street			Description of Expendit	ure			
City Edinboro)	State	PA	Zip Code	16412	shipping t-shirt to donor				
To Whom Paid					· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	46 70		
	Vistaprint					06/12/2019		15.78		
House # 108	Street Address	Vashington	Towne Blvo		·····	Description of Expendit	ure			
City Edinboro)	State	PA	Zip Code	16412	printer ink				
To Whom Paid						Date [MM/DD/YYYY]	\$			
	Edinboro Market					06/17/2019		30.00		
House # 1308	Street Address	Springfield (Circle			Description of Expendit	ure			
City Boalsbu	State PA Zip Code 16827					illustration				
To Whom Paid Micki Smith				Date [MM/DD/YYYY]	\$	90.00				
41	10		,			07/21/2019	·			
House # 109	Street Address	Erie Street				Description of Expendit	Description of Experience			
City Edinbord		State	PA	Zip Code	16412	Event tickets				
To Whom Paid	Vistaprint					Date [MM/DD/YYYY]	\$	240.74		
	Asarabilit					09/09/2019		240.74		
House # 95	Street Address	layden Ave	nue			Description of Expendit	ure			
City Lexingto	1	State	МА	Zip Code		stickers				
To Whom Paid	Erie County Demo	cratic Party	,			Date [MM/DD/YYYY] 10/04/2019	\$	50.00		
House # 1305	Street Address	State Stree	t		Description of Expendit	ure				
City Erie		State	PA	Zip Code	16501	Advertisement in fall dinne	er pro	ogram		
To Whom Paid						Date [MM/DD/YYYY]	\$			
hh # 1						Decided to Street		· ,		
House #	Street Address					Description of Expenditu	ure			
	1					4				
City		State		Zip Code						

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	bt			
Name of Creditor			· · · · · · · · · · · · · · · · · · ·	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	3
City		State	Zip Code	
Description of De	lit .			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	*
City		State	Zip Code	
Description of De				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	*
Gty		State	Zip Code	
Description of De	bt			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	bt			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	UL.			

PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed legibly in blue or black ink.

INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amendment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered.

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.